

Check One:	□ Ad r	nin/Confident	ial 🗆	Licensed	□ Clas	sified [∃ Substitute	□ Retiree	
Check one	of the follo	owing:	Effective Date:						
☐ Start	☐ Stop	☐ Change	☐ As So	on As Possil	ole 🗆	I Future Pa	y Date/_	/	
Name Soci							ocial Security Number		
Financial Institution Name (Bank, Savings Institution, Credit Union, etc.)						Type of Account			
							☐ Checking	□ Savings	
Transit Routing Number (Must be 9 digits)					1	Account Number			
institution liste	ed above. If	funds to which	I am not er	ntitled are dep	osited in m	y account, I	nds to my accoun authorize the Dis ed by the District	trict to initiate a	

Date (Mo/Day/Yr) Employee Signature Telephone Number

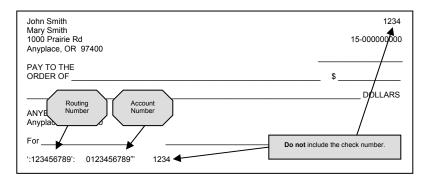
Home Address (City, State, Zip Code)

any of the above information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to me will be returned to the District for distribution. This will delay my

- Verify with your financial institution on your pay date that your direct deposit has gone into effect the deposit amount will appear as the final deduction on your pay stub with the name of your financial institution.
- Please allow up to 2 weeks for processing this request. Starting or changing a direct deposit requires a pre-note to
 your financial institution. Your direct deposit may not be effective until your second payment after submitting
 this request.

If you select to have your payment sent to your:

- Checking account: Attach a voided check or deposit slip to the bottom of this form.
- Savings account: Attach a deposit slip to the bottom of this form.



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check.